Abstract 716

TITLE: A Case Study -The Adoption Of Safer Needles By Three Hospital Organizations: University Of Alabama At Birmingham, Emory Healthcare, Atlanta, And Kaiser Permanente, S. California

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ISSUE: Studies have demonstrated that the correct and consistent use of safer blood collection needles (SBCN) can reduce the risk of needlestick injuries (NSI) among healthcare workers (HCW), but little is known about the adoption and implementation of SBCN in hospitals and how this can affect the use of SBCN by HCW.

SETTING: Healthcare facilities.

PROJECT: This case study describes how three hospitals are implementing SBCN and how implementation may impact the correct and consistent use of SBCN by healthcare workers. Semi -structured interviews with infection control, employee health and management personnel involved in the adoption of SBCN; and a review of needlestick injury (NSI) data from pre -and post adoption of SBCN were conducted. Standard qualitative data analysis methods were used to identify key organizational and personnel variables across sites that were perceived to facilitate or hinder the implementation process of SBCN. The results of this study can inform hospital infection control staff, employee health personnel, hospital management, policy makers, regulatory agencies and medical device manufacturers interested in the diffusion of needlestick prevention strategies in hospital organizations.

RESULTS: To date, the key variables identified as influencing the implementation of SBCN are: the level of involvement of HCWs in the decision -making process to purchase SBCN; the appointment of a single OSH facilitator to manage the adoption of SBCN; the standardization of SBCN in a hospital organization; the awareness level of HCW about the risk of acquiring occupatio nally transmitted HIV; the skill level and seniority of HCWs who perform phlebotomies; and the complexity of design of SBCN.

LESSONS LEARNED: The study suggests that organization, personnel, worker education and technology variables should be addressed to promote successful implementation, and correct and consistent use of SBCN. These specifically include the appointment of an OSH facilitator to oversee the adoption of SBCN and similar devices in hospitals; involvement of frontline HCWS in the selection, pi lot testing and training for SBCN; evaluation of the effects of a decentralized versus centralized phlebotomy system on the rate of NSI; standardization of SBCN within the same healthcare system; promotion of worker education initiatives to increase awaren ess among HCWs about the risks of occupationally transmitted HIV; evaluation of the success of training programs in meeting the needs and skills of HCWs responsible for blood draws; involvement of workers in the design of SBCN; and the incorporation of pas sive safety devices into SBCN.

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